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Health Care Reform and WWC Strategic Directions

Context

- ▶ Colorado's NBCCEDP-funded program
- ▶ 44 clinical service (service delivery) agencies
- ▶ Bundled Payment System
- ▶ More state dollars than federal
- ▶ State statute:
 - Age: 40-64 for breast screening
 - Verify legal presence
- ▶ Medicaid expansion state
- ▶ Connect for Health Colorado



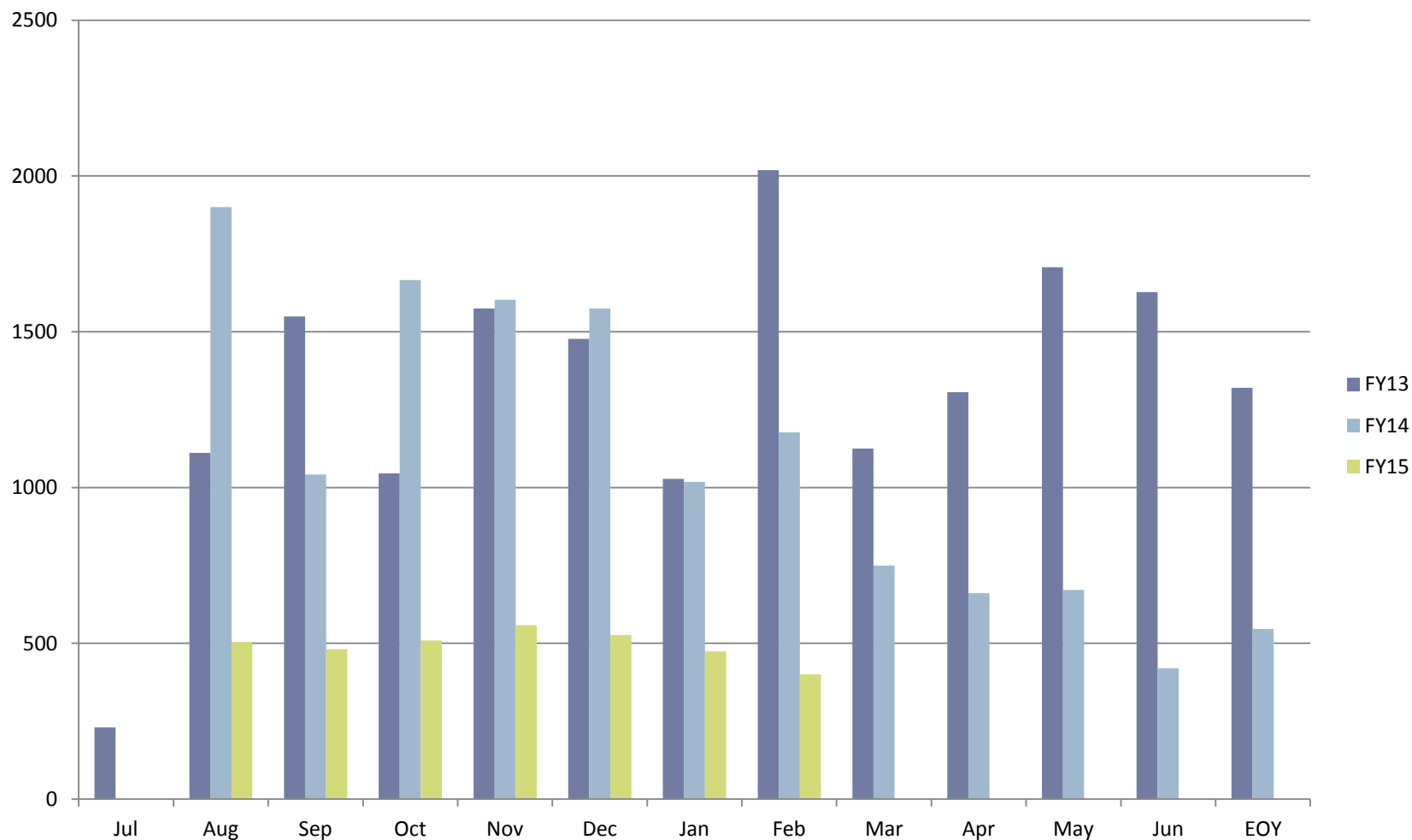
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Impact of ACA on WWC

- ▶ **WWC screenings have decreased by 33-74% compared to previous year**
 - Pre-ACA: Up to 75% of WWC clients had incomes below 138% of FPL
- ▶ **Most WWC clients are now Medicaid eligible**

# Screenings Per Month			
	FY13	FY14	FY15
Jul	230	n/a	n/a
Aug	1,111	1,900	504
Sep	1,549	1,042	481
Oct	1,045	1,666	509
Nov	1,575	1,603	558
Dec	1,477	1,575	527
Jan	1,028	1,018	474
Feb	2,019	1,177	400
Mar	1,125	753	
Apr	1,306	661	
May	1,707	672	
Jun	1,627	420	
EOY	1,320	546	
Average	1,317	1,086	493
Source: eCaST			

Number of Screenings per Month



Women's Wellness Connection's Broadening Focus

Goal: Reduce
breast and cervical
cancer morbidity
and mortality

FOCUS:

Awareness and
Education

Entire population

Clinic Quality
Improvement

Clinics serving
underserved
clients

Care
Coordination

Patient navigation
and case
management for
eligible women

Clinical
Services

Funding clinical
services for
eligible women

- Diagram is based on the Socio Ecological Model
- Circle sizes do not correlate to effort or funding



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Strategic Directions

1. Bring on additional service delivery providers

- Inner City Health Center (Denver)
- Southwest Health System (Cortez)
- Center for Health Equity and Practice (Denver)

2. Expand Eligibility for Services

- Targeted screening mammograms for women 40-49
 - Following USPSTF Guidelines
- Lowering age for cervical cancer screening
 - Determining implications on BCCP Medicaid



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Strategic Directions

3. **Care coordination: newly eligible Medicaid (or insured) clients**
 - RFA released Oct. 2014
 - Open to WWC agencies and non-WWC agencies
 - 14 agencies funded (all WWC) beginning of Feb.
 - Patient navigation and case management
 - Ensure access to breast and cervical cancer screening for clients with health insurance
 - Clients must meet WWC's age, income and lawful presence criteria



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Strategic Directions

4. Outreach/education

- Outreach RFA for local outreach efforts
 - Recommended 7 organizations for funding
- Identify eligible women 139-250% FPL
 - Analyze (and map?) eCaST data
 - Focus groups of clients and non-WWC providers
 - In-depth interviews with some of above
 - Later - Identify other programs that serve same population
- Marketing TA for WWC agencies, including best practices

5. Collaboration/training

- Regional Road Shows!



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Strategic Directions

6. Program evaluation/quality improvement

- Streamline WWC program, esp. for small agencies
 - Pilot project to determine if eCaST data can be extracted from EHRs
 - Communications improvements (*WWC Update*, etc.)
 - Identify & reduce time/cost of program requirements
- Provide support to agencies/regions with unique needs
 - Fund WWC agencies for one-time expenses that will increase screening
- Continuous needs assessment/program evaluation



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Conclusion

- ▶ **Substantial change in health care environment**
 - Most WWC agencies ready for change
 - Shifting landscape = redefine “underserved” for WWC
- ▶ **Transition process complex and confusing**
 - Patient experience/knowledge is limited
 - Timeline for transition is uncertain
- ▶ **There is still a need for WWC**
 - Access to health care ≠ access to screenings
 - High need clients seeking services have no funding sources



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